U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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NG15205

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

QMS DI		
1. File Number U - 665	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Christopher Dunne	Name Teamsters Local 542	
	Labor Organization File Number 038-722	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 2445 29th Street	Street 4666 Mission Gorge Place	
City San Diego	City San Diego	
State California ZIP Code + 4 92104	State California ZIP Code + 4 92120	
5. Position in labor organization. Business Representative		
(except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent.	
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name	7.a. Nature of Interest, Transaction, or Income.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	on represents or is actively seeking to represent.	
Monetary value from an employer whose employees your organization 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organization 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organization 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.	
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information and documents) has been examined by the signatory and is to the best of the	
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompany)	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information and documents) has been examined by the signatory and is to the best of the	
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned Jeclares, under penalty of a submitted in this report (including the information contained in any accompanying undersigned's knowledge and belief, true, correct, and complete. (See the second	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information ng documents), has been examined by the signatory and is, to the best of the tion on penalties in the instructions.)	

Name of Person Filing Christoper Dunne	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or included in a consist of buying from or selling or leasing directly or included in the consist of buying from or selling or leasing directly or included in the consist of buying from or selling or leasing directly or included in the consist of buying from or selling or leasing directly or included in the consist of buying from or selling or leasing directly or included in the consist of buying from or selling or leasing to, or other or an employer whose employees your labor organization or selling or leasing to, or other organization in the consist of buying from or selling or leasing directly or included in the consist of buying from or selling or leasing directly or included in the consist of buying from or selling or leasing directly or included in the consist of buying from or selling or leasing directly or included in the consist of buying from or selling or leasing directly or included in the consist of buying from or selling or leasing directly or included in the consist of buying from or selling or leasing directly or included in the consist of buying from or selling or leasing directly or included in the consist of the consist	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name James Matthew Brown Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 200 Street 2044 First Avenue City San Diego State California ZIP Code +4 92101-2079	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Group Legal Consultants Trade Name, if any: JC 42 Legal Benefit Plan P.O. Box, Bldg., Room No., if any P.O. 3417 Street	Soliciting Legal Business
Sueet 1	11.b. Approximate dollar value of such dealing.
City Burbank	12.a. Nature of interest held or income received.
State California ZIP Code + 4 91508-3417	Baseball Game - 4 tickets 8-8-04
	12.b. Amount. \$116
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment,
Name Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Street City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Christoper Dunne	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Delta Dental	a. Labor Organization	
Trade Name, if any:	Baccatrici .	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 12898 Towne Center Drive	c. Employer	
City Cerritos		
State California ZIP Code + 4 90703		
10. If 9.b. or 9.c. is checked give trust or employer's name.	or employer's name. 11.a. Nature of such dealing.	
Name SanDiego Co. Teamsters Employers Ins. Trust	Soliciting business	
Trade Name, if any: STEFA		
P.O. Box, Bldg., Room No., if any 207		
Street 2831 Camino Del Rio South		
City San Diego		
State California ZIP Code + 4 92108	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Baseball Game 9/8/04	
	12.b. Amount. \$50	